

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of EscaDistrict of MiamiTown of Miami

or

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151County Registrar No. 592

Local Registrar No. _____

No. 1016 Live Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Ernestina Chacon (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>Yes</u>	7. Date of birth <u>April 16-1926</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER Full name <u>Anastacio Chacon</u>	14. MOTHER Full maiden name <u>Carven Ugarte</u>
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9. Residence (Usual place of abode) <u>Miami, Ariz</u> If non-resident, give place and state.	15. Residence (Usual place of abode) <u>Miami, Ariz</u> If non-resident, give place and state.
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10. Color or race <u>Mexican</u>	16. Color or race <u>Mexican</u>
11. Age at last birthday <u>22</u> (Years)	17. Age at last birthday <u>18</u> (Years)

12. Birthplace (city or place) <u>Met Coy</u> (State or country) <u>Ariz</u>	18. Birthplace (city or place) <u>Mexico</u> (State or country)
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13. Occupation Nature of Industry <u>Miner</u>	19. Occupation Nature of Industry <u>Housewife</u>
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20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>None</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 3:40 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Signature <u>P. J. Adell</u> (Physician or midwife)
Address <u>Miami, Ariz</u>	

Given name added from a supplemental report Month, day, year	Filed <u>Apr 30</u> , 19 <u>26</u> <u>C. E. Dinn</u> Local Registrar.
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Registrar

Filed _____, 19 _____

County Registrar.

535-416-345